04117

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bayly Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Cambridge
STREET ADDRESS (If rural, give location) Race Street

3. NAME OF DECEASED (Type or Print) (First) EVA (Middle) TYLER (Last) ANDREWS

4. DATE OF DEATH (Month) APRIL (Day) 7 (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH 12-17-83

9. AGE last birthday 68 yrs. If under 1 year Months Days If under 24 hrs Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Tyler

14. MOTHER'S MAIDEN NAME Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. none

17. INFORMANT AND ADDRESS Mrs. Harvey Connway: Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	15 Min.
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic Cardiovascular renal disease	?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Marked obesity

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ ~~OR CONTRIBUTING~~ ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Eldridge H. Roeffman (Degree or title) assist. Dep. Medical Examiner ADDRESS Cambridge Md DATE SIGNED 4-9-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-9-1952
NAME OF CEMETERY OR CREMATORY Cambridge Cemetery
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. April 15, 1952
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Maryland

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VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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APR 16 1952
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MARYLAND STATE DEPARTMENT OF HEALTH

04118

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. 446A

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge-Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cornersville
STREET ADDRESS (If rural, give location) P.O.

3. NAME OF DECEASED (Type or Print): (First) LACEY (Middle) BAYNE (Last) BARRACK
4. DATE OF DEATH: (Month) APRIL (Day) 23 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 1887
9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not Known
14. MOTHER'S MAIDEN NAME: Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT AND ADDRESS: G. Milbourn Barrack; Cornersville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 10 Min.

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☐ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS — DATE SIGNED

M.D. Cambridge, Md.
Medical Examiner Dorchester county — 4/25/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4-26-1952 | NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park; | LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: April 26, 1952 | REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS: LeCompte Funeral Service, Cambridge, Maryland

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APR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

04119

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) Hambrooks Boulevard

3. NAME OF DECEASED (Type or Print): (First) ANNA (Middle) PLUMMER (Last) BEGGS

4. DATE OF DEATH: (Month) APRIL (Day) 9 (Year) 19 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 8-7-1906

9. AGE last birthday: 45 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Receptionest

10b. KIND OF BUSINESS OR INDUSTRY: Cambridge Md. Hospital

11. BIRTHPLACE (State or foreign country): Ohio

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Plummer

14. MOTHER'S MAIDEN NAME: Mary Dewees

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: not known

17. INFORMANT AND ADDRESS: Harry W. Beggs: Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial failure — Interval Between Onset and Death: 1 day

170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Metastatic carcinoma right breast — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 1 19 52, to April 9 19 52, that I last saw the deceased alive on April 9, 1952, and that death occurred at 1:20 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) John Mace J. MD — ADDRESS Cambridge, Maryland — DATE SIGNED April 10,52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4-11-1952 — NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG. April 10, 1952 — REGISTRAR'S SIGNATURE John Mace Jr., M.D.

24. FUNERAL DIRECTOR — ADDRESS: LeCompte Funeral Service, Cambridge, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Ira (Middle) Sherman (Last) Brinsfield

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. ~~SINGLE~~, MARRIED, ~~WIDOWED, DIVORCED~~, (Specify)

8. DATE OF BIRTH: Feb 24 1885

9. AGE last birthday: 67 yrs. If under 1 year: Months 2 Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Brinsfield

14. MOTHER'S MAIDEN NAME: Mary Travers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Mrs Ora Brinsfield

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary thrombosis	30 Minutes
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Myocarditis	5 yrs +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Feb., 1952, to April 25, 1952, that I last saw the deceased alive on April 25, 1952, and that death occurred at 1:30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

W C Harrison MD Hurlock Md 4/28/52

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF | NAME OF CEMETERY OR CREMATORY | LOCATION (City, town, or county) (State)

Burial | April 27 1952 | East New Market | East New Market Md

DATE REC'D BY LOCAL REG. | REGISTRAR'S SIGNATURE | 24. FUNERAL DIRECTOR ADDRESS

April 27-1952 | Chas W Hastings | F B Willoughby Hurlock Md

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Passwater Convelecent Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) Hambrooks Blvd.

3. NAME OF DECEASED (Type or Print) (First) VIRGINIA (Middle) GORE (Last) BROMWELL

4. DATE OF DEATH (Month) APRIL (Day) 22 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 9-16-1869
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Eldridge Gore
14. MOTHER'S MAIDEN NAME Mary M. Bramble

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT AND ADDRESS Mrs. Howard Cox: Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary occlusion	5 min
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary sclerosis	?
	(c) arterio sclerotic Cardiovascular Renal Disease	?

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-13, 1952, to 4-22, 1952, that I last saw the deceased alive on 4-18, 1952, and that death occurred at 10:15 P.m., from the causes and on the date stated above.

SIGNATURE Eldridge H. Wolff MD (Degree or title) ADDRESS Cambridge Md DATE SIGNED 4-23-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-24-1952
NAME OF CEMETERY OR CREMATORY East New Market Ceme.
LOCATION (City, town, or county) East New Market, (State) Md

DATE REC'D BY LOCAL REG. April 26, 1952
REGISTRAR'S SIGNATURE [illegible]
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (in this place) 1 week	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.	STREET ADDRESS (If rural, give location) 115 Gay Street

3. NAME OF DECEASED (Type or Print)	(First) ANNIE	(Middle) DAIL	(Last) BURTON	4. DATE OF DEATH	(Month) APRIL	(Day) 6	(Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH 3-9-1878	9. AGE last birthday 74 yrs.	If under 1 year Months / Days	If under 24 hrs. Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Samuel Burton	14. MOTHER'S MAIDEN NAME Margaret Thomas						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mrs. Nicey Barnes: Cambridge, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Bronchopneumonia	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Uremia	5 days
	(c) Diabetes Mellitus	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

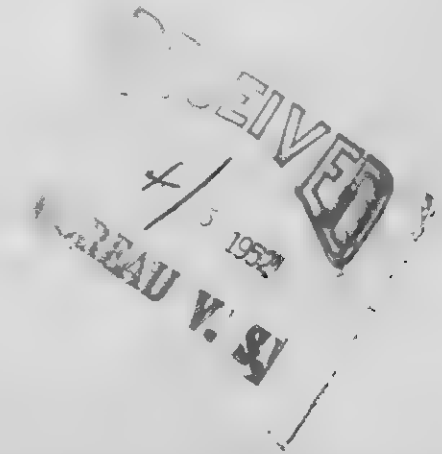
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 11-25, 1944, to 4-6-, 1952, that I last saw the deceased alive on 4-5-, 1952, and that death occurred at 11:10 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Albert E. Bunker	Md.	9 Race St. Cambridge Md.	4-8-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4-8-1952	NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park:	LOCATION (City, town, or county) Cambridge, Maryland (State)
DATE REC'D BY LOCAL REG. April 14, 1952	REGISTRAR'S SIGNATURE John Mace Jr., M.D.	24. FUNERAL DIRECTOR LeCompte Funeral Service, Cambridge, Maryland	ADDRESS



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1952

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Dorchester — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Andrews
LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: none

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Andrews
STREET ADDRESS (If rural, give location): none

3. NAME OF DECEASED (Type or Print): (First) (Middle) (Last) LUCYNDIA WILLEY BURTON

4. DATE OF DEATH: (Month) April (Day) 16, (Year) 52

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widowed

8. DATE OF BIRTH: 7-25-1876

9. AGE last birthday: 75 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William A. Willey

14. MOTHER'S MAIDEN NAME: Rebecca Willey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY No.: none

17. INFORMANT AND ADDRESS: Mrs. Walter Insley, Andrews, Marylan

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 1 day

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Cardiovascular disease. — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John Mace, Jr., M. D. Deputy Medical Examiner, Cambridge, Md. 4-18-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: 4-18-1952

NAME OF CEMETERY OR CREMATORY: Family Cemetery

LOCATION (City, town, or county) (State): Andrews, Maryland

DATE REC'D BY LOCAL REG.: April 19, 1952

REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS: LeCompte Funeral Service, Cambridge, Maryland

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 7 yrs. 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fairhill
STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) -- (Last) Chambers
4. DATE OF DEATH (Month) April (Day) 9 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 8-14-79
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic & factory worker
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Mahlon Chambers
14. MOTHER'S MAIDEN NAME Martha Jacobs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT AND ADDRESS Eastern Shore State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
Immediate cause	(a)	Chronic myocarditis	2 yrs.
422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	Mitral Stenosis	
	(c)	General Arteriosclerosis	Several years

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cerebral Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-8, 1950, to 4-9, 1952, that I last saw the deceased alive on 4-9, 1952, and that death occurred at 9:45 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Israel Lederman M.D.
ADDRESS E.S.S.Hospital, Camoridge, Md.
DATE SIGNED 4-10-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-12-1952
NAME OF CEMETERY OR CREMATORY Laurel Cemetery
LOCATION (City, town, or county) (State) Laurel, Deleware

DATE REC'D BY LOCAL REG. April 10, 1952
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR LeCompt. Funeral Service, Cambridge, Maryland
ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-15

RECEIVED
APR 14 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock - Rural
LENGTH OF STAY (in this place) 4 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beulah

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hurlock - Rural
STREET ADDRESS (If rural, give location) Beulah

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) Etta (Last) Deen
4. DATE OF DEATH (Month) April (Day) 5 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH May 23, 1863
9. AGE last birthday 88 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Caroline County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME No data available
14. MOTHER'S MAIDEN NAME Mary Deen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Mrs. Lewis Lord, Hurlock, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral hemorrhage

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) [illegible]

(c)

INTERVAL BETWEEN ONSET AND DEATH [illegible]

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from [illegible], 1952, to [illegible] 4, 1952, that I last saw the deceased alive on [illegible] 4, 1952, and that death occurred at 4:15 p. m., from the causes and on the date stated above.

SIGNATURE [illegible] (Degree or title) M. D. ADDRESS Federalsburg, Maryland DATE SIGNED April 7, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF April 8, 1952
NAME OF CEMETERY OR CREMATORY Union Grove Cemetery
LOCATION (City, town, or county) (State) Near Preston, Maryland

DATE REC'D BY LOCAL REG. April 8, 1952
REGISTRAR'S SIGNATURE Mrs. Chas W Hastings
24. FUNERAL DIRECTOR J.J. Frampton and Son, Federalsburg, Md. ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 16 1952
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 26

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 2 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Merrick's Home For the Aged

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Talbot
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Easton
STREET ADDRESS (If rural, give location) Harrison St.

3. NAME OF DECEASED: (Type or Print) (First) Walter (Middle) Johnson (Last) Elliott

4. DATE OF DEATH: (Month) April (Day) 14 (Year) 19 52

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH: Nov. 8, 1862
9. AGE last birthday: 89 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) merchant in grocery
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Talbot Co. Md.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Thomas Elliott
14. MOTHER'S MAIDEN NAME: Mary Masten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) NO (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs. Margaret Mason - Easton, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) CORONARY THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: 10 MINUTES
DUE TO
4201
Antecedent cause(s) (b) CORONARY ARTERY DISEASE
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN, 1951, to 13 APRIL 1952, that I last saw the deceased alive on 12 APRIL, 1952, and that death occurred at 5:30 P.m., from the causes and on the date stated above.

SIGNATURE Walter E. Gursky Jr. (DEGREE OR TITLE) M.D. ADDRESS Cambridge Md. DATE SIGNED 15 APRIL 52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 16, 1952
NAME OF CEMETERY OR CREMATORY Spring Hill
LOCATION (City, town, or county) Easton, Talbot (State) Md

DATE REC'D BY LOCAL REG. April 15, 1952
REGISTRAR'S SIGNATURE John Mace, Jr. M.D.
24. FUNERAL DIRECTOR Maurice E. Newnam & Son ADDRESS Easton, Maryland.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 16 1952
BUREAU K

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Madison — LENGTH OF STAY (in this place) life	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Madison
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.O.	STREET ADDRESS (If rural, give location) P.O.

3. NAME OF DECEASED (Type or Print)	(First) MAMIE	(Middle) RUARK	(Last) FRAZIER	4. DATE OF DEATH	(Month) APRIL	(Day) 21	(Year) 1952
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH 5-25-1886	9. AGE last birthday 65 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME George Ruark	14. MOTHER'S MAIDEN NAME Nancy Moore						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mr. Thomas Frazier: Madison, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Metastatic Adenocarcinoma

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Source: Cecum.

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma Cecum Metastases to Liver — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/4/, 1951, to 4/21, 1952, that I last saw the deceased alive on 4/21, 1952, and that death occurred at 4:00 m., from the causes and on the date stated above.

SIGNATURE [signature] (Degree or title) M.D. — ADDRESS Cambridge Md — DATE SIGNED 4/23/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 4-24-1952	NAME OF CEMETERY OR CREMATORY Cambridge Cemetery	LOCATION (City, town, or county) (State) Cambridge, Maryland
DATE REC'D BY LOCAL REG. [illegible]	REGISTRAR'S SIGNATURE John [illegible]	24. FUNERAL DIRECTOR LeCompte Funeral Service Cambridge, Maryland	ADDRESS

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge — LENGTH OF STAY (in this place): life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 118 Mill Street

3. NAME OF DECEASED (Type or Print): (First) WILSIE (Middle) DAIL (Last) HARRINGTON
4. DATE OF DEATH: (Month) APRIL (Day) 4 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: 11-19-1884
9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: J. Wilson Dail
14. MOTHER'S MAIDEN NAME: Anna Robinson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Mr. Calvin Harrington Jr. Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral accident — 20 min

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic Cardiovascular Renal Disease — 5 yrs +

(c) arteriosclerotic Generalized Cerebral — 5 yrs +

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-12, 1941, to 4-4, 1952, that I last saw the deceased alive on April 4, 1952, and that death occurred at 4:45 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Eldridge H. Goff M.D. — ADDRESS: Cambridge Md — DATE SIGNED: 4-5-52

23. BURIAL, CREMATION REMOVAL (Specify): burial — DATE THEREOF: 4-6-1952 — NAME OF CEMETERY OR CREMATORY: Christ Church Cemetery — LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: April 1, 1952 — REGISTRAR'S SIGNATURE: [illegible]

24. FUNERAL DIRECTOR — ADDRESS: LeCompte Funeral Service, Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 16 1952
BUREAU V. S.

04129

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 11-6

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct answer is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY: Dorchester; MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge; LENGTH OF STAY (In this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Robbins
STREET ADDRESS (If rural, give location): P. O.

3. NAME OF DECEASED (Type or Print): (First) HARRY (Middle) F. (Last) HART

4. DATE OF DEATH: (Month) APRIL (Day) 2 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-26-1883

9. AGE last birthday: 69 yrs. If under 1 year: Months / Days. If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): waterman

10b. KIND OF BUSINESS OR INDUSTRY: Fishing Indust.

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Levin Hart

14. MOTHER'S MAIDEN NAME: Lauise Gore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: H. Nelson Hart: Lakesville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Coronary occlusion	10 Min.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Intratrochanteric fracture femur	4 Mo.
102.0	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH. PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: Home (CITY OR TOWN): Cambridge (COUNTY): Dor. (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): 12—17-51 10 a. m. INJURY OCCURRED While at work ☐ Not while at work ☒ HOW DID INJURY OCCUR? Fell from chair.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: John Mace (Degree or title): M.D. ADDRESS: Cambridge, Md.
Medical Examiner Dorchester County.
DATE SIGNED: 4/12/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE THEREOF: 4-4-1952 | NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park | LOCATION (City, town, or county) (State): Cambridge, Maryland

DATE REC'D BY LOCAL REG.: April 14, 1952 | REGISTRAR'S SIGNATURE: John Mace, M.D. | 24. FUNERAL DIRECTOR: J. LeCompte Funeral Service ADDRESS: Cambridge, Maryland

RECEIVED
APR 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 115

1. PLACE OF DEATH
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crapo
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS P.O.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Laryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Crapo
STREET ADDRESS (If rural, give location) P.O.

3. NAME OF DECEASED (Type or Print) (First) B NJAMIN (Middle) F. (Last) KIRWAN 1876
4. DATE OF DEATH (Month) APRIL (Day) 9 (Year) 19 52

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 3-8-1886
9. AGE last birthday 86 yrs. If under 1 year Months Days; If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waterman
10b. KIND OF BUSINESS OR INDUSTRY Fisling Indust.
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas Kirwan
14. MOTHER'S MAIDEN NAME Nancy E. Wroten

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) not known
16. SOCIAL SECURITY No. none
17. INFORMANT AND ADDRESS Albert Kirwan: Crapo, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Bronco-Pneumonia	5 days
47 X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Virus Flue	10 days
	(c) Chronic Nephritis	10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 1, 1952, to April 9, 1952, that I last saw the deceased alive on April 9, 1952, and that death occurred at 8 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) James W. Meade M.D. ADDRESS Fisling Creek Md DATE SIGNED 4/13/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 4-13-1952
NAME OF CEMETERY OR CREMATORY Dorchester Memorial Park
LOCATION (City, town, or county) Cambridge, (State) Maryland

DATE REC'D BY LOCAL REG. 4/13/52
REGISTRAR'S SIGNATURE James W. Meade
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service Cambridge, Maryland

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
APR 28 1952
BUREAU V. S.

31

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH COUNTY: Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 60 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): Choptank Ave

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Elizabeth Phillips Kraft
4. DATE OF DEATH (Month) (Day) (Year): April 8 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 11-1-1867
9. AGE last birthday: 84 yrs. If under 1 year: Months Days; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Near Preston, Md.
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: First Name unknown Phillips
14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mrs J. Phillips Kraft, Camb. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral hemorrhage	4 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerosis	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture neck of right femur — 5 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify):
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-3-52 to 4-8-, 1952, that I last saw the deceased alive on 4-7-, 1952 and that death occurred at 1:10 A m., from the causes and on the date stated above.

SIGNATURE: Albert E. Bunker (Degree or title) M.D. ADDRESS: 9 Race St. Cambridge Md. DATE SIGNED: 4-9-52

23. BURIAL, CREMATION REMOVAL (Specify): Buried
DATE THEREOF: April 10-1952
NAME OF CEMETERY OR CREMATORY: Dorchester Memorial Park
LOCATION (City, town, or county): Cambridge (State) Md

DATE REC'D BY LOCAL REG.: April 22, 1952
REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.
24. FUNERAL DIRECTOR: Kenneth R. Thomas
ADDRESS: Cambridge Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 23 1952
BUREAU W. S.

3

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge — LENGTH OF STAY (in this place): 50 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 213 Oakley Street	STREET ADDRESS (If rural, give location): 213 Oakley Street

3. NAME OF DECEASED (Type or Print)	(First) EFFIE	(Middle) MAY	(Last) LEWIS	4. DATE OF DEATH	(Month) APRIL (Day) 3 (Year) 1952
5. SEX: Female	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 4-15-1870	9. AGE last birthday: 81 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY: Own Home	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: James Henry Hooper	14. MOTHER'S MAIDEN NAME: Mary Jane Travers				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: none	17. INFORMANT AND ADDRESS: Cambridge, Md. Mr. William Lewis: 213 Oakley Street			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia

44 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension cardio vascular disease

(c) Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH: 4 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-24-, 1952, to 4-1-, 1952, that I last saw the deceased alive on 4-1-, 1952, and that death occurred at 12:20 A.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title): Md — ADDRESS: 9 Race St. Cambridge, Md. DATE SIGNED: 4-5-52

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-6-1952	Dorchester Memorial Park	Cambridge, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 14, 1954	John Mace, Jr. M.D.	LeCompte Funeral Service	Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 15 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS #2 Noble Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) #2 Noble Street

3. NAME OF DECEASED (Type or Print) (First) Christine (Middle) Linell (Last) Major

4. DATE OF DEATH (Month) April (Day) 19 (Year) 1952

5. SEX Female

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S

8. DATE OF BIRTH Dec. 26, 1951

9. AGE last birthday yrs. If under 1 year Months 5 Days 24 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Leroy Cornish

14. MOTHER'S MAIDEN NAME Marie Major

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Marie Major, Cambridge, Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Acute Gastro enteritis — INTERVAL BETWEEN ONSET AND DEATH 28 hours

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Broncho pneumonia — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prematurity (Present weight 7 lbs.)

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☑

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/19, 1952, to 4/19, 1952, that I last saw the deceased alive on 4/19, 1952, and that death occurred at 6:30P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [signature] Sauks M.D. ADDRESS Cambridge Md DATE SIGNED 4/20/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Apr. 20, '52

NAME OF CEMETERY OR CREMATORY Waugh Cemetery

LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. April 21, 1952

REGISTRAR'S SIGNATURE John Mace Jr. M.D.

24. FUNERAL DIRECTOR ADDRESS Herbert M. St. Clair, Jr., Cambridge, Md.

4 1 7 : 4

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

APR 22 1952
BUREAU V. S.

Soc. Sec. No. 220-09-1555

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 115

134

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek - Golden Hill
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS home - (Meekins Neck.)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Church Creek - Golden Hill
STREET ADDRESS (If rural give location) Rural - Meekins Neck -

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) - WESLEY - (Last) MEEKINS

4. DATE OF DEATH (Month) April (Day) 29 (Year) 1952

5. SEX Male
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 1 - 1868
9. AGE last birthday 84 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer
10b. KIND OF BUSINESS OR INDUSTRY Farm —
11. BIRTHPLACE (State or foreign country) Maryland (Dorchester Co)
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME WILLIAM - THOMSON - [redacted]
14. MOTHER'S MAIDEN NAME MARY - LOUISA - MEEKINS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no.
16. SOCIAL SECURITY NO. [redacted] 220-09-1555
17. INFORMANT WILLIAM MATNEY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) MYOCARDIAL HEART FAILURE	5 days
421.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) MITRAL INCOMPETANCY	3 YEARS
	(c) UNKNOWN	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION no
19b. MAJOR FINDINGS OF OPERATION no
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) no
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) no m.
INJURY OCCURRED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1952, to April 29, 1952, that I last saw the deceased alive on April 29, 1952, and that death occurred at 1 15 P. m., from the causes and on the date stated above.

SIGNATURE James W. Meade (Degree or title) M.D. ADDRESS Fishing Creek, Md DATE SIGNED 4/29/52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5-4-52
NAME OF CEMETERY OR CREMATORY MEEKINS - NECK - CEM.
LOCATION (City, town, or county) Church Creek, Golden Hill, Md (State)
DATE REC'D BY LOCAL REG. 4/29/52
REGISTRAR'S SIGNATURE James W. Meade
24. FUNERAL DIRECTOR Herbert M. St. Clair, Jr. ADDRESS Cambridge Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415 (T)

RECEIVED
MAY 5 1952
BUREAU W. S.

35

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 203 Henry Street

3. NAME OF DECEASED (Type or Print) (First) JAMES (Middle) HENRY (Last) MORGAN

4. DATE OF DEATH (Month) APRIL (Day) 21 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 3-1-1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ship Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (State or foreign country) Delaware
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Henry Morgan
14. MOTHER'S MAIDEN NAME (not Known)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. not known
17. INFORMANT AND ADDRESS 203 Henry Street Mrs. Louise Cannon: Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerotic Cardiovasc. Renal Disease	5 yrs +
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 5 yrs +

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-11, 1945, to 4-21, 1952, that I last saw the deceased alive on 4-20, 1952, and that death occurred at 11:00 A.m., from the causes and on the date stated above.

SIGNATURE Eldridge H. Coffee (Degree or title) ADDRESS Cambridge Md DATE SIGNED 4-22-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 4-23-1952
NAME OF CEMETERY OR CREMATORY Cambridge Cemetery
LOCATION (City, town, or county) (State) Cambridge, Maryland

DATE REC'D BY LOCAL REG. April 26, 1952
REGISTRAR'S SIGNATURE John [illegible]
24. FUNERAL DIRECTOR ADDRESS LeCompte Funeral Service, Cambridge, Maryland

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 28 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 1368

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale - Rural
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Cokesbury

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rhodesdale - Rural
STREET ADDRESS (If rural, give location) Near Cokesbury

3. NAME OF DECEASED: (Type or Print) (First) Elizabeth (Middle) (Last) Nichols

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1952

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: June 5, 1865
9. AGE last birthday: 86 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Dorchester County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob H. Nichols
14. MOTHER'S MAIDEN NAME: Mollie Cannon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: John F. Nichols, Rhodesdale, Md., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage	3 hr.
221X Antecedent cause(s)	DUE TO (b) Generalized Arteriosclerosis with	
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (c) Hypertension	1942

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1942, to Apr 11, 1952, that I last saw the deceased alive on Apr 11, 1952, and that death occurred at 9:30 a.m., from the causes and on the date stated above.

SIGNATURE W. E. Lemmon (DEGREE OR TITLE) M. D. ADDRESS Federalsburg, Maryland DATE SIGNED April 12, 1952

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 15, 1952
NAME OF CEMETERY OR CREMATORY Cokesbury Cemetery
LOCATION (City, town, or county) Near Federalsburg, (State) Maryland

DATE REC'D BY LOCAL REG. April 15-1952
REGISTRAR'S SIGNATURE Chas W Hastings
24. FUNERAL DIRECTOR J. J. Framptom and Son, ADDRESS Federalsburg, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

RECEIVED
APR 25 1952
BUREAU V. S.

137

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): 5 mos.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Salisbury
STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print): (First) Ida (Middle) - (Last) Phillips

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: October 12, 1880

9. AGE last birthday: 71 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Conpock

14. MOTHER'S MAIDEN NAME: Mary Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)

16. SOCIAL SECURITY No.: --

17. INFORMANT AND ADDRESS: Eastern Shore State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of the colon	5 mos. plus
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized arteriosclerosis	unknown
	(c) Chronic myocarditis	"

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cerebral Arteriosclerosis — 3 years plus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-13, 1951, to 4-21, 1952, that I last saw the deceased alive on 4-21, 1952, and that death occurred at 11:45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Robert H. Reddick, M.D. ADDRESS: E.S.S.Hospital, Cambridge, Md. DATE SIGNED: 4-21-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: April 23, 1952 — NAME OF CEMETERY OR CREMATORY: Parsons Cemetery — LOCATION (City, town, or county) (State): Salisbury Maryland

DATE REC'D BY LOCAL REG.: April 23, 1952 — REGISTRAR'S SIGNATURE: John M. [illegible] M.D.

24. FUNERAL DIRECTOR: The Hill & Johnson Co — ADDRESS: Salisbury

George C. Hill

RECEIVED
APR 24 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (In this place) 3 weeks
HOSPITAL OR INSTITUTION OR STREET ADDRESS 408 Glenburn Avenue

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Ohio — COUNTY Mahoning
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Youngstown
STREET ADDRESS (If rural, give location) 453 Francisca Avenue

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ROLLA	A.	SMITH	APRIL	4	1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	9-19-1873	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chief Dispatcher	Erie Railroad	Ohio	U.S.A.

13. FATHER'S NAME: Darius Smith
14. MOTHER'S MAIDEN NAME: Ida Applegate

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	not known	Mr. Philip Smith: Cambridge, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) Uremia	1 week
4/11/2X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) arteriosclerotic Cardio Vascular Renal disease	2 yrs +
(c)	

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
—	—	—	—	—

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
—	—	—	—	—	—	—

22. I hereby certify that I attended the deceased from 3-24, 1952, to 4-4-, 1952, that I last saw the deceased alive on 4-2, 1952, and that death occurred at 5:30 A. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Eldridge H. Woolford		Cambridge Md	4-4-52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4-7-1952	Todd Cemetery	Youngstown, Ohio

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
April 5, 1952	John Mace, M.D.	LeCompte Funeral Home	Cambridge, Maryland

VS. A15

RECEIVED
APR 7 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 04701

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 116

1. PLACE OF DEATH: COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake Bay
LENGTH OF STAY (In this place) 3 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Bloodsworth Island

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Virginia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lynchburg
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) James (Middle) Henry (Last) Spradlin, Jr.
4. DATE OF DEATH (Month) 4 (Day) 23 (Year) 1952
5. SEX male
6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married
8. DATE OF BIRTH 4-9-28
9. AGE last birthday 24 yrs. If under 1 year Months -- Days - If under 24 hrs. Hours - Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Enlisted man
10b. KIND OF BUSINESS OR INDUSTRY U. S. Navy
11. BIRTHPLACE (State or foreign country) Lynchburg, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James H. Spradlin, Sr.
14. MOTHER'S MAIDEN NAME unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) in service
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS Navy records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Asphixia due to drowning — ?

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) — (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. -- --

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION -- --
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Chesapeake Bay (CITY OR TOWN) off Bloodsworth Island (COUNTY) - Dorchester, (STATE) Md.
TIME OF INJURY (Month) 4 (Day) 23 (Year) 52 (Hour) ? m.
INJURY OCCURRED While at work ☒ Not while at work ☐
HOW DID INJURY OCCUR? Storm capsized barge.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Eldridge H. Wolfhard (Degree or title) Assistant Deputy Medical Examiner ADDRESS Cambridge, Maryland DATE SIGNED 7-31-52

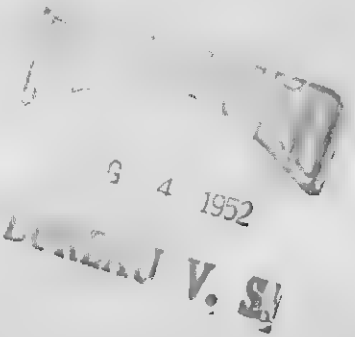
23. BURIAL, CREMATION REMOVAL (Specify) DATE THEREOF 8-4-1952 NAME OF CEMETERY OR CREMATORY Lynchburg Cemetery LOCATION (City, town, or county) Lynchburg, Va. (State)

DATE REC'D BY LOCAL REG. Aug 1, 1952 REGISTRAR'S SIGNATURE John Mace, J. M. D.
24. FUNERAL DIRECTOR LeCompte Funeral Service ADDRESS Cambridge, Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A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Item 18 Film G142 5-7-52 ams

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11-5

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY: Dorchester; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Cambridge Md. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland; COUNTY: Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge
STREET ADDRESS (If rural, give location): 107 Pine Street

3. NAME OF DECEASED (Type or Print): (First) Iris (Middle) Lynn (Last) Stanley

4. DATE OF DEATH (Month) (Day) (Year): April 15, 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Mar. 8, 1952

9. AGE last birthday: yrs. If under 1 year: Months 1 Days 7; If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Cambridge, Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Stanley

14. MOTHER'S MAIDEN NAME: Elaine Keene

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Richard Stanley, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tetanus — Interval Between Onset and Death: 20 days

061X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bilateral pneumonia — 12 days

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.):

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-8-, 1952, to 4-15-, 1952, that I last saw the deceased alive on 4-15-, 1952, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

SIGNATURE: Albert A Bunker (Degree or title) MD ADDRESS: [illegible] DATE SIGNED: 4-16-52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 4/16/1952

NAME OF CEMETERY OR CREMATORY: Waugh Cemetery

LOCATION (City, town, or county) (State): Cambridge, Md.

DATE REC'D BY LOCAL REG.: April 18 1952

REGISTRAR'S SIGNATURE: Jo. Mae. P. [illegible]

24. FUNERAL DIRECTOR ADDRESS: Herbert M. St. Clair, Jr, Cambridge, Md

VS. A1

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RECEIVED
APR 21 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 416

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 7 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Maryland Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN East New Market - Rural
STREET ADDRESS (If rural, give location) Thompsontown

3. NAME OF DECEASED: (Type or Print) (First) Mary (Middle) Ella (Last) Stewart

4. DATE OF DEATH: (Month) April (Day) 27 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: October 19, 1924
9. AGE last birthday: 27 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Dorchester County, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas R. Thompson
14. MOTHER'S MAIDEN NAME: Lettie Baltimore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 219-07-3825
17. INFORMANT & ADDRESS: Thomas J. Stewart, East New Market, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

Immediate cause (a) Peritonitis and Toxemia — INTERVAL BETWEEN ONSET AND DEATH: 4 days
DUE TO
570.5 Antecedent cause(s) (b) Intestinal Obstruction — 10 days
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last
DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: 4/26/52
19b. MAJOR FINDINGS OF OPERATION: Gangrene bowel and peritonitis
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M. INJURY OCCURRED While at work ☐ Not while at work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/24, 1952, to 4/27, 1952, that I last saw the deceased alive on 4/27, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) M.D. ADDRESS Cambridge Md DATE SIGNED 4/29/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF April 30, 1952
NAME OF CEMETERY OR CREMATORY Thompsontown Cemetery
LOCATION (City, town, or county) Near East New Market, Md. (State)

DATE REC'D BY LOCAL REG. April 30, 1952 May 5, 1952
REGISTRAR'S SIGNATURE John Mace, Jr., M.D.
24. FUNERAL DIRECTOR J.J. Framptom and Son, Federalsburg, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15 8-51

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MAY 6 1952
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 41.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 11 — 141

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge — LENGTH OF STAY (In this place) 25 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 104 Pine Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural give location) 104 Pine Street

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Mrs. Nora (Elnora) Virginia Temple

4. DATE OF DEATH (Month) (Day) (Year): April 23 1952

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 15,1902

9. AGE last birthday: 50 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic

10b. KIND OF BUSINESS OR INDUSTRY: Various Homes

11. BIRTHPLACE (State or foreign country): Dorchester Co., Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Cullen

14. MOTHER'S MAIDEN NAME: Elizabeth Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No --

16. SOCIAL SECURITY NO.: 217-30-8285

17. INFORMANT: Mr. Nelson Temple, Cambridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Coronary Occlusion	55 minutes
420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Arteriosclerosis	Approx. 9 Mos.
	(c) Generalized Arteriosclerosis Approx. 9 Mos	Approx. 9 mos.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. --

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): --

(CITY OR TOWN) (COUNTY) (STATE): --

TIME OF INJURY (Month) (Day) (Year) (Hour): -- m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from 7/13, 19 51, to 4/23, 19 52 that I last saw the deceased alive on 4/23, 1952, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

SIGNATURE: Harold M. Wilson

(Degree or title) ADDRESS: Harold M. Wilson, M.D. 224 Pine St., Cambridge, Md.

DATE SIGNED: 4/24/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial

DATE THEREOF: Apr. 27, '52

NAME OF CEMETERY OR CREMATORY: Petersburg, Md.

LOCATION (City, town, or county) (State): Petersburg, Md.

DATE REC'D BY LOCAL REG.: Apr 26, 52

REGISTRAR'S SIGNATURE: John Mace Jr., M.D.

24. FUNERAL DIRECTOR ADDRESS: Herbert M. St. Clair, Jr. Camb., Md.

RECEIVED
APR 28 1952
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cambridge — LENGTH OF STAY (in this place): 9 years 9 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bethlehem
STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) Holmes (Last) Thomas
4. DATE OF DEATH: (Month) April (Day) 17 (Year) 1952
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 1st 1862
9. AGE last birthday: 89 yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blacksmith
10b. KIND OF BUSINESS OR INDUSTRY: International Harvester
11. BIRTHPLACE (State or foreign country): Maryland USA
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Elijah Thomas
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: —
17. INFORMANT AND ADDRESS: Mrs. Elsie Thompson Bethlehem, Md. —

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis — 2 years

331X Antecedent cause(s) (b) General Arteriosclerosis — 10 years

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Residuals from multiple cerebral hemorrhages — Occured during not 8 years

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis — 10 years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE): —
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from Novbr 15, 1950, to April 17, 1952, that I last saw the deceased alive on April 17, 1952, and that death occurred at 9 15 p. m., from the causes and on the date stated above.

SIGNATURE: Alfred S. Ledermann (Degree or title) M.D. — ADDRESS: Eastern Shore State Hosp. Cambridge, Md — DATE SIGNED: April 17-52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: April 20, 1952 — NAME OF CEMETERY OR CREMATORY: Linchester Cemetery — LOCATION (City, town, or county) (State): Near Preston Maryland

DATE REC'D BY LOCAL REG.: April 21, 1952 — REGISTRAR'S SIGNATURE: John Mace, Jr. M.D. — 24. FUNERAL DIRECTOR: J. J. Frampton and Son, Federalsburg, Md. — ADDRESS

RECEIVED
APR 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 13

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH:
COUNTY Dorchester MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place) 20 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Cambridge Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) R.F.D. #2 Box 33

3. NAME OF DECEASED: (Type or Print) (First) Josephine (Middle) Brown (Last) Thompson
4. DATE OF DEATH: (Month) Apr (Day) 24 (Year) 1952
5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):
8. DATE OF BIRTH: Nov 18 - 1909
9. AGE last birthday: 42 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chester Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Robert Cardine
14. MOTHER'S MAIDEN NAME: Rockland Brown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 220-01-3310
17. INFORMANT & ADDRESS: William Thompson, Cambridge Md R.F.D. #2 Box 33

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

			INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a)	Uremia, general anasarca	14; 2 days
592x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b)	Nephritis, Chronic glomerular	7 yrs.
	DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Apr 1, 1952, to Apr 2, 1952, that I last saw the deceased alive on Apr 2, 1952, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE A Thompson (DEGREE OR TITLE) M D ADDRESS Cambridge DATE SIGNED May 13, 52

23. BURIAL, CREMATION REMOVAL (Specify): DATE THEREOF Apr 27 - 52 NAME OF CEMETERY OR CREMATORY Chester LOCATION (City, town, or county) (State) Chester Md.

DATE REC'D BY LOCAL REG. May 20, 1952 REGISTRAR'S SIGNATURE John Mace Jr. M.D. 24. FUNERAL DIRECTOR Lewis A. Henry ADDRESS Camb. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16 8-51

RECEIVED
MAY 21 1952
BUREAU V. S.

Film 3142 Item 18 4-24-92 ams

144

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 115

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Dorchester
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Taylors Island (Lives)
LENGTH OF STAY (in this place) MARYLAND 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hospital (CAMBRIDGE)

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Dor.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TAYLORS ISLAND
STREET ADDRESS (If rural, give location) NONE

3. NAME OF DECEASED (Type or Print) (First) Lorraine (Middle) Hilda (Last) Tilghman

4. DATE OF DEATH (Month) (Day) (Year) April 12 1952

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

8. DATE OF BIRTH Feb 17 1948

9. AGE last birthday 5 yrs.

If under 1 year: Months 2; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Taylors Island Md.

12. CITIZEN OF WHAT COUNTRY? America

13. FATHER'S NAME Charles Stanley

14. MOTHER'S MAIDEN NAME Naomi Cormish

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY No. None

17. INFORMANT AND ADDRESS Naomi Cormish Taylors Island

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tetanus — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

061X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) cause unknown.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Jan 6, 19 52 to Apr 12, 19 52 that I last saw the deceased alive on Apr 12, 19 52 and that death occurred at 5:20 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

James L Thompson MD Cambridge, Md Apr 16, 52

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 4-18-1952

NAME OF CEMETERY OR CREMATORY Taylors Island Cem.

LOCATION (City, town, or county) (State) Taylors Island, Md.

DATE REC'D BY LOCAL REG. April 18, 1952

REGISTRAR'S SIGNATURE John Mace Jr M.D.

24. FUNERAL DIRECTOR ADDRESS Lewis H. Haynes, 201 Nash St. Cambridge

RECEIVED
APR 21 1921
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116 ... 115

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge | LENGTH OF STAY (in this place) 5 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 Pleasant St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) 18 Pleasant St

3. NAME OF DECEASED (Type or Print): (First) Katie (Middle) E. (Last) Price

4. DATE OF DEATH: (Month) Apr (Day) 13 (Year) 1952

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed | 8. DATE OF BIRTH: 2-10-1866 | 9. AGE last birthday: 86 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Hurlock R 7 D. | 12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: James Carbrom | 14. MOTHER'S MAIDEN NAME: Anne Harper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) — | 16. SOCIAL SECURITY NO.: none | 17. INFORMANT AND ADDRESS: V. Edna Price, Cambridge Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Terminal Broncho-pneumonia	3 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinomatosis	8 mos.?
	(c) Carcinoma of Cervix	?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-7, 1952, to 4-13, 1952, that I last saw the deceased alive on 4-10, 1952, and that death occurred at 10:00 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Eldridge H. Elliott, M.D. | ADDRESS Cambridge Md. | DATE SIGNED 4-14-52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF 4-15-52 | NAME OF CEMETERY OR CREMATORY Washington | LOCATION (City, town, or county) Hurlock | (State) Md

DATE REC'D BY LOCAL REG. April 18, 1952 | REGISTRAR'S SIGNATURE John Mace Jr., R.N. | 24. FUNERAL DIRECTOR Hamilton T. Thomas | ADDRESS Cambridge Md

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 110

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seaford, Del. - Rural; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS Near Galestown

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Dorchester; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seaford, Del., R.F.D.; STREET ADDRESS (If rural, give location) Near Galestown

3. NAME OF DECEASED (Type or Print): (First) George (Middle) Washington Winthrope (Last) Wheatley

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: July 10, 1880

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (Retired)

10b. KIND OF BUSINESS OR INDUSTRY: Farm Owner

11. BIRTHPLACE (State or foreign country): Dorchester County, Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John T. Wheatley

14. MOTHER'S MAIDEN NAME: Cecelia Vickers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. Earl Johnson, Seaford, Del., R.F.D.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerosis — Interval between onset and death: 4 years

450.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 10, 1952, to April 11, 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 1:20 P.m., from the causes and on the date stated above.

SIGNATURE J. Whitelaw M.D. (Degree or title) ADDRESS Bridgeville, Delaware DATE SIGNED 4/14/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: April 14, 1952 | NAME OF CEMETERY OR CREMATORY: Eldorado Cemetery | LOCATION (City, town, or county) (State): Eldorado, Maryland

DATE REC'D BY LOCAL REG. April 14 1952 | REGISTRAR'S SIGNATURE Charles Hastings

24. FUNERAL DIRECTOR: J. J. Frampton and Son, ADDRESS: Federalsburg, Md

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APR 25 1952
BUREAU V. S.

04147

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 116

1. PLACE OF DEATH — COUNTY: Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: rural Cambridge — LENGTH OF STAY (in this place): 5½ yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Eastern Shore State Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md. — COUNTY: Wicomico
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hebron
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) ULYSSES (Middle) (Last) WILSON
4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1952
5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married
8. DATE OF BIRTH: 2/20/78
9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired farmer owner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Levin R. Wilson
14. MOTHER'S MAIDEN NAME: Cora Sheppard
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Eastern Shore State Hospital records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chronic Myocarditis, — sev. yrs.

422.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General Arteriosclerosis — sev. yrs.

(c) Residuals from previous cerebral accidents, as indicated by hemiplegia and aphasia

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with Cerebral Arteriosclerosis — 3 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 8, 1950, to April 21, 1952, that I last saw the deceased alive on April 21, 1952, and that death occurred at 10:25 a.m., from the causes and on the date stated above.

SIGNATURE: [signature] (Degree or title) M.D. — ADDRESS: E.S.S.H., Cambridge, Md. — DATE SIGNED: 4/21/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 4-24-1952 — NAME OF CEMETERY OR CREMATORY: Hebron Cemetery — LOCATION (City, town, or county) (State): Hebron Md.
DATE REC'D BY LOCAL REG.: April 22, 1952 — REGISTRAR'S SIGNATURE: John Mace, Jr., M.D.
24. FUNERAL DIRECTOR: Levin R. Wilson — ADDRESS: Princess Anne, Md.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

04148

CERTIFICATE OF DEATH

Reg. Dist. No. 05

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Dorchester — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Appleby Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Dor
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cambridge
STREET ADDRESS (If rural, give location) Appleby Ave.

3. NAME OF DECEASED (Type or Print): (First) India (Middle) Freenell (Last) Wright
4. DATE OF DEATH: (Month) Apr. (Day) 16 (Year) 19 52

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 6-21-1860
9. AGE last birthday: 91 yrs.
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Dor Co
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Alexander Freenell
14. MOTHER'S MAIDEN NAME: Frances Seward

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Medford L. Wright, Cambridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive Heart Failure — ?

4500 Antecedent cause (6) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerosis, generalized — ?

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 19..., to Apr, 19 52, that I last saw the deceased alive on Apr 10, 19 52, and that death occurred at 8:30 a m., from the causes and on the date stated above.

SIGNATURE: A Thompson (Degree or title) MD — ADDRESS Cambridge, Md — DATE SIGNED Apr 17 52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 4-18-52 | NAME OF CEMETERY OR CREMATORY: Greenlawn | LOCATION (City, town, or county): Cambridge | (State): Md

DATE REC'D BY LOCAL REG.: April 19, 1952 | REGISTRAR'S SIGNATURE: Joan Mace, D. M. | 24. FUNERAL DIRECTOR: Kenneth K. Thomas | ADDRESS: Cambridge Md.

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